NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

| Cause Nur | (The Clerk's office will fill in the Cause Number and Co | uurt Number when you file this for | |
|--|--|---|---|
| In the Ma | · | art Number when you me this for | · · · · · · · · · · · · · · · · · · · |
| in the wa | atter of the Marriage of | | |
| Petitioner | | In the | -1 |
| | Print first, middle and last name of the spouse filing for annu | ilment. | nber |
| and | | ☐ District Court ☐ County Court a | at Law |
| Respondent | | | County, |
| | Print first, middle and last name of other spouse. | | Texas |
| | Respondent's Answer to Peti | tion to Annul Ma | rriage |
| Bar of Totime you legal hele WARNII to an attour power to property mainten. Appeara a Texas INSTRU Do cou star Fill File Kee | r money at risk. For a referral to an attorney, or if you are prexas Lawyer Referral Information Service at 800-252-9690. If feel unsafe, you can get confidential help from the National promether Texas Advocacy Project Family Violence Legal NG to Out-of-State Respondent: Filing an Answer with the orney before filing an Answer, if you 1) do not live in Texas and debts, ordering you to pay child support, and (if requestance, court costs and attorney's fees. If you file an Answer ance, you will give up your right to argue that Texas can't mattorney to help you determine if Texas has personal jurised CTIONS to Respondent: If you decide to use this form: not sign it until at least one day after the Original Petition to the court copy will tell you when it was filed. Sout this form completely. (turn in) the original signed form to the court where your spear a copy for your records. Give a copy to your spouse. additional information about annulment at www.TexasLawley. | If you are a victim of family violal Domestic Violence Hotline at 8 Line at 800-374-4673. The Court enters your appearance is and 2) do not want a Texas of the court of the | lence, or if at any 800-799-7233 or e in this case. Talk court to have the orders dividing your ou to pay spousal ling a Special ye out-of-state. Ask |
| (Print ye | our answers) | | |
| My nar | me is: | | |
| | First Mid | ale | Last |
| I am th | e Respondent in this case. | | |
| | st three numbers of my driver's license number a ver's license was issued in (State) | | |
| Or 🗌 | do not have a driver's license number. | | |
| The las | st three numbers of my social security number ar | e: | |
| Or 🗌 | do not have a social security number | | |
| 1. Ge | neral Denial | | |
| I enter | a general denial. I want to be notified of all heari | ngs in this case. | |

| 2. Contact Information | | | |
|--|--|---|------------------------|
| My mailing address is: | | | |
| Mailing Address | City | State | Zip |
| My phone number is: | | | |
| My email address is | | | |
| I understand I must notify the Court and my s have an attorney) in writing if my mailing add don't, I understand that all information about be sent to me at the mailing address or email | ress or email address this case, including th | changes during ne date and time | g this case. If I |
| 3. Confirmation of Prior Name | | | |
| Prior to the marriage ceremony, my full name | e was: | | |
| | | | |
| PRINT: First Middle | | | Last |
| The Court should confirm this former name a | s my lawful name. | | |
| 4. Discovery Level | | | |
| The discovery level in this case, if needed, is | : (Check one box.) | | |
| Level 1. (Check here if you and your spo | | \$0 and less than | \$250.000 in |
| property.) | | 40 ana 1000 ana | . 4 200,000 |
| ☐ Level 2. (All other couples check here.) | | | |
| 5. Required Initial Disclosures | | | |
| I understand that spouses in an annulment me information and material described in Texas I Check all that apply. I believe my spouse and I will agree to This action involves domestic violence requirement | Rules of Civil Procedo | ure, Rule 194.2. of initial disclosu | res. |
| 6. Prayer | | | |
| I ask the Court for general relief. | | | |
| | | | |
| Respondent's Signature | Date | | |
| | | | |
| Respondent's Printed Name | Phone Number | | |
| Mailing Address | City | State | ZIP |

Fax # (if available)

Email Address

Certificate of Service

I will give a copy of this document to my spouse's attorney or my spouse (if my spouse does not have an attorney) on the same day this document is filed with (turned in to) the Court as follows:

If I file this document electronically, I will send a copy of it to my spouse or my spouse's attorney through the electronic file manager if possible. If not possible, I will give a copy to my spouse or my spouse's attorney in person, by mail, by commercial delivery service, by fax, or by email.

If I file a paper copy of this document, I will give a copy of it to my spouse or my spouse's attorney in person, by mail, by commercial delivery service, by fax, or by email.

| 7 | Respondent's signature | Date | |
|---|------------------------|------|--|